

INDEPENDENT ADOPTION PLACEMENT AGREEMENT

Note to placing parent: This form will become a permanent and irrevocable consent to adoption. Do not sign this form unless you want the prospective adoptive parents named below to adopt your child.

PLACING PARENT SECTION:

I/we, the undersigned, being the parent(s) of _____, (Gender: M F) born
NAME OF CHILD
 on _____ in _____, place said child
DATE OF BIRTH CITY AND STATE OF BIRTH
 with _____ for the purpose of independent adoption. I/we
FULL NAME(S) OF PROSPECTIVE ADOPTIVE PARENT(S)

understand that I/we may revoke this Independent Adoption Placement Agreement only during the thirty (30) day period beginning on the date I/we sign this agreement and only if I/we have not waived my/our right to revoke the agreement. If I/we take no further action, this agreement shall become a permanent and irrevocable consent to the adoption on the 31st day after I/we sign it. I/we further understand that with the signing of the order of adoption by the court I/we shall give up all my/our rights of custody, services, and earnings of said child and I/we may not reclaim said child.

I/we was/were advised of my/our rights in the independent adoption process on _____. These rights are
DATE
 summarized on the attached Statement of Understanding which I/we have read and signed.

The person or persons named above have my/our permission to care for this child in his/her/their home.

The person or persons named above have my/our permission to make any provisions for medical and surgical care for this child, including anesthesia, which may be deemed necessary or advisable by any licensed physician, for a period not to exceed one year from the date this agreement is signed.

I/we understand that if this child is found to be subject to the Indian Child Welfare Act, this placement agreement will not be valid.

I/we have decided to place my/our child for adoption with the person or persons named above, and I/we am/are signing this freely and willingly.

SIGNATURE OF MOTHER

DATE SIGNED

SIGNATURE OF FATHER

DATE SIGNED

PROSPECTIVE ADOPTIVE PARENT SECTION:

I/we, the above prospective adoptive parent(s), accept the placement of _____
NAME OF CHILD
 by _____ into my/our home with the intent of adoption.
PLACING PARENT(S)

I/we agree to file a petition to adopt this child with the superior court in _____ County, the county where I/we
COUNTY
 reside, within ten (10) working days after signing this agreement.

I/we agree that if, during the time period specified above, the placing parent(s) sign(s) and delivers to the investigating adoption agency a statement revoking the consent and requesting that the child be returned, I/we shall immediately return the child to the custody of the placing parent(s).

I/we agree that until the adoption is granted by the court:

- A. I/we shall place the child under the care of a licensed physician and follow his or her recommendations for health care for the child, including immunization.
- B. I/we shall not take the child from the county named above for a period of more than thirty (30) days without the approval of the court. I/we understand that the court may issue an order which prevents me/us from taking the child out of the county at all.
- C. I/we shall not conceal the child from the placing parent(s), the investigating adoption agency, or the court.
- D. I/we shall inform the agency of changes in my/our family or place of residence.
- E. I/we shall assume responsibility for board, lodging, maintenance, medical care, and any other care for the child, and for any damages resulting therefrom.

I/we understand that if this child is found to be subject to the Indian Child Welfare Act, this placement agreement will not be valid.

I/we have been informed of the basic health and social history of the placing parent(s).

SIGNATURE OF PROSPECTIVE ADOPTIVE PARENT

DATE SIGNED

SIGNATURE OF PROSPECTIVE ADOPTIVE PARENT

DATE SIGNED

AD 924 (4/08) (INDEPENDENT ADOPTION PLACEMENT AGREEMENT)